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i. TITLE OF REPORT (if a fill-in report include Form No.)								2. TYPE	STATIST	ICAL
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3. FUNCTIONAL AREA		<b>-</b>	LOGISTICS MEDICAL		FINANCE			- Critical Capacity		
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7. FORMAT (memo	orandum,	form						RECTIVE AUTHOR	ITY REQUIRING	REPORT
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10. PREPARING COMPONENT (include lowest level   II. FEEDER REPORTS (State total number and identify by Title, contributing information to report)   Form No., or nomenclature. Attach separate sheet if necessary.)										
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13. COMPLETE DE	TAILED J	USTIF	ICATION FOR THIS	REPORT	(in ac	dition to dir	ective	or authority	cited in item	9). IF KNOWN,
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First report December 1968, Executive Director-Comptroller established requirement.										
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